

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3038

STATE FILE NUMBER

**203863-024616**

**FILED JUN 17 1963**

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Rev. 4/59

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DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Carl R. Ferris

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		Length of stay in 1b <b>6 weeks.</b>	c. CITY OR TOWN <b>Excelsior Springs</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Research Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>724 Hazel</b>
3. NAME OF DECEASED (Type or print) First <b>Marie</b> Middle <b>Stimelsky</b> Last <b>Stimelsky</b>		4. DATE OF DEATH Month <b>May</b> Day <b>26</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/31/1924</b>
9. AGE (last birthday) <b>39</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
11. BIRTHPLACE (City and state or country) <b>Greenwood, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Charles Short</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Edward Stimelsky</b>		Address <b>Ex. Springs, Mo</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates)		16. SOCIAL SECURITY NO. <b>[Redacted]</b>	
17. INFORMANT <b>Edward Stimelsky, Ex. Springs, Mo</b>		Address <b>[Redacted]</b>	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Generalized Carcinomatosis in- volving abdomen, chest &amp; brain</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <b>Primary in ovary?</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <b>5:00 P.m.</b> Month, Day, Year <b>May 26, 1963</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>May 26, 1963</b>		20f. CITY, TOWN, OR LOCATION <b>Excelsior Springs, Mo.</b>	
21. I attended the deceased from <b>October 18 1962</b> to <b>May 26, 1963</b> Death occurred at <b>5:00 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <b>May 26, 1963</b>	
22a. SIGNATURE <b>Carl R. Ferris</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>6400 Prospect Ave. Kansas City 32 Mo</b>	
23a. BURIAL, CREATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5-29-63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill</b>		23d. LOCATION (City, town, or county) (State) <b>Excelsior Springs, Mo.</b>	
24. FUNERAL DIRECTOR <b>Richard Funeral Home, Inc.</b> <b>Excelsior Springs, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>5-28-63</b>	
26. REGISTRAR'S SIGNATURE <b>[Signature]</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Ralph P. Van Lindingham*

Licensed Embalmer No. *4909*

P.O. Address

*Galveston, Texas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.